

Clinical Practice Enrichment Series Registration Form

Please Print

Date _____

Dr./Mr./Ms. _____
(Please circle) Name Degree

Address

City/State/Zip

Telephone/Fax

E-mail

Previously attended CPES offerings: Yes
 No

Handicapped Provisions Required (describe)

Do you want to receive future Clinical Practice Enrichment Series e-mails/mailings ?
 Yes
 No

REGISTRATION INFORMATION

Registration Fees	Early*	Regular
Suicidal Clients	\$85	\$95
Politics and Therapy	\$85	\$95
Both Workshops	\$170	\$190

* (postmarked by March 21, 2017)

Online Registration: Visit: <http://www.clinicalenrichment.net>

Credit Card Payment: Visit <http://www.clinicalenrichment.net>

On Site Registration: Cash, Exact Change, Check. No Credit Cards Accepted.

MAIL-IN REGISTRATION DEADLINE: April 14, 2017

Late registrations will be accepted space permitting. Request for registration fee refunds must be received in writing no later than the registration deadline. No refunds will be entertained thereafter. A \$10 per workshop administration fee will be deducted from any refund.

I am registering for the following workshop(s):

Workshop(s):	# of People	Price/Person	Total
Assessment, Treatment, and Management of Suicidal Clients Friday, April 21, 2017 9 a.m. - 12 p.m.			
Politics and Therapy: A Heady Mix Friday, April 21, 2017 1:30 p.m. – 4:30 p.m.			
Both Workshops Friday, April 21, 2017			
Total Enclosed			

If this is a group registration, please list the names, e-mails, and addresses of all group members:

Name	E-Mail	Street Address	City/State/Zip

Please return this form with registration fee payable to:

Ellen L. Wright, Ph.D.
2120 Spruce Street, Suite 1
Philadelphia, PA 19103-2555